

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

ADDRESS (number and street)

11065 HOME SHORE DRIVE

☐Check if different
than previously
reported. (ACC)

PINCKNEY

MI

48169

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIPCODE

C00421040

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Margo Lynn Burrage

Signature of Treasurer

Electronically Filed by Margo Lynn Burrage

Date

08

01

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2011		21521.50
(b) Cash on Hand at Beginning of Reporting Period	21521.50	
(c) Total Receipts (from Line 19)	9643.00	9643.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31164.50	31164.50
7. Total Disbursements (from Line 31)	6018.00	6018.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25146.50	25146.50
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5975.00	5975.00
(ii) Unitemized	3668.00	3668.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9643.00	9643.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9643.00	9643.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9643.00	9643.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9643.00	9643.00

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	18.00	18.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	18.00	18.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	6018.00	6018.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6018.00	6018.00	

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9643.00	9643.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9643.00	9643.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18.00	18.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18.00	18.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.

Full Name (Last, First, Middle Initial)

TAMJEED ARSHAD, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY CARDIOVASCULAR
ASSOOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Transaction ID: SA11AI.5265

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

WYNNE CRAWFORD, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

35124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY CARDIOVASCULAR
ASSOOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Transaction ID: SA11AI.5266

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

R ERIC CRUM, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

35124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY CARDIOVASCULAR
ASSOOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	1

Transaction ID: SA11AI.5267

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.

Full Name (Last, First, Middle Initial)

LARRY ELLIS

Mailing Address 112 STONEBROOK DRIVE

City

BLYTHEWOOD

State

SC

Zip Code

29016

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTH CAROLINA HEART CNTR

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.5284

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

JOSE ESCOBAR, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTGOMERY CARDIOVASCULAR
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.5268

Amount of Each Receipt this Period

325.00

C.

Full Name (Last, First, Middle Initial)

H FORREST FLEMMING, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AA

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer

MONTGOMERY CARDIOVASCULAR
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.5269

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

2150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.

Full Name (Last, First, Middle Initial)

DAVID GEORGE, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY CARDIOVASCULAR
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.5270

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Dr. DAVID GOOD

Mailing Address 273 Winton M Blount Loop

City

MONTGOMERY

State

AL

Zip Code

36117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY CARDIOVAS ASSO-
CIATE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.5271

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

DARRYL HAMILTON, MD

Mailing Address 273 WINTON M BOUNT LOOP

City

MONTGOMERY

State

AL

Zip Code

36124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY CARDIOVASCULAR
ASSO

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.5273

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

925.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.

Full Name (Last, First, Middle Initial)
DR BILLY A HAMMOND

Mailing Address 25 DOCTORS PARK

City State Zip Code
CAPE GIRARDEAU MO 63703

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDIOVAS CONS CAPE GIRAR-
DEAU

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 1 1

Transaction ID: SA11AI.5291

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
DR BILLY A HAMMOND

Mailing Address 25 DOCTORS PARK

City State Zip Code
CAPE GIRARDEAU MO 63703

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARDIOVAS CONS CAPE GIRAR-
DEAU

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.5286

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
PAUL MOORE, MD

Mailing Address 273 WINTON M BOUNT LOOP

City State Zip Code
MONTGOMERY AL 36124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY CARDIOVASCULAR
ASSO

Occupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 1

Transaction ID: SA11AI.5274

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 12

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.

Full Name (Last, First, Middle Initial)

DR A CHARLES RABINOWITZ

Mailing Address 6800IH 10 WEST

City

SAN ANTONIO

State

TX

Zip Code

78201

FEC ID number of contributing
federal political committee.

C

Name of Employer

S TEXAS CARDIOVAS CONSULT-
ANTS

Occupation

PHYSICIAN

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	1	1

Transaction ID: SA11AI.5280

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

5975.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS</p> <p>Mailing Address 700 13TH STREET, NW SUITE 600</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name STENY HAMILTON HOYER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5259</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>2 9</div> <div>2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS</p> <p>Mailing Address PO BOX 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name FRANK JR. PALLONE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5252</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>2 7</div> <div>2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)</p> <p>Mailing Address 7804 EVENING LANE</p> <p>City ALEXANDRIA State VA Zip Code 22306</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5253</p> <p>Date of Disbursement <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 6</div> <div>2 7</div> <div>2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1000.00</div> </p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

6000.00